

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Spring Creek Elementary 0020 Big Horn Route # Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage 22 104 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 0034 419 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0020 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Big Horn Spring Creek Elementary 0020 Route # Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage 22 1 A 155.4 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 0034 419 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0020 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

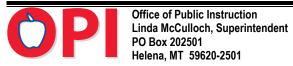
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			T 00							
				Chapter 10, Part 1, MCA ortees of another legal o				one form for ea	ach bus route that	
receives state rein	iibui sement evi	en thoug	girtiansp	ortees of another legal to	inity may	y utilize the se	ervices.		Rate Per Mile	
	Due Dates:	:			ounty S	upt	To OPI		40.05	
	All Routes			Octo	ber 1		October 15		\$0.95	
County Name				County Number	Dist	rict Name			Legal Entity Number	
Big Horn				02	Spr	ina Creek	Elementary		0020	
Route #	Route # Length of Route (mil			(miles per day)			☐ Bus Route Mi		Rated Capacity	
1 C	160					D t - M:	☐ Non Bus Mile	age	22	
Vehicle I.D. # License #					T '	Route Mil		District Own		
Venicie I.D. # License #					☐ District Owned ☐ District Owned ☐ Contract - If so, Name of Owner					
0034		41	19			ntracted rate				
Reimbursement D	istribution- Ente	er the le	gal entity				oursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity		1	egal Entit		atch bud	get! al Entity		Legal Entit	N/	
0020		LC	egai Liilli	у	Lega	ii Liitity		Legai Lilli	у	
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PASSENGER INF	ORMATION									
No week on of Duos als	I /I / i		_	ELEMENTARY RIDE	ERS	H	HIGH SCHOOL RI		TOTAL	
Number of Presch riding this route	ool/Kindergarte	en pupiis ——	S	(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS	
9										
				a NUMBER			b NUMBER		c a + b	
Regular (include elig	ible Preschool/Ki	indergarte	en	NOWIDER			NOMBER		a · b	
riders) 1st Wheelchair (WC)	ľ									
` ,										
2nd Wheelchair (WC	·)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho	ool Riders (i.e., u	nder 3								
miles OR nonresider agreement)	nt and no attenda	ince								
(Include ineligible Pre		arten rider	rs)							
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
We hereby certify	that this hus will	onerate (entirely on	the route established by the	a Board of	Truetees and	within the transports	tion area accion	ed and approved by the	
County Transportation	on Committee. W	/e further	certify that	t this bus transports pupils	eligible for	school transpo	ortation as defined by	20-10-101, MC	Α.	
			,	the State Superintendent; to standards as established by				,	•	
Superintendent; and	to provide a licer	nsed, qua	alified and a	approved driver to operate	such vehic	le as required b	by 20-10-103, MCA.	3 1, 111		
				ers to solicit students from outliness governing school t				olding of state a	nd county reimbursement for	
this bus route.				ansports students from outs						
the school boards of	both districts sha	all be atta	ched to the	e county superintendent's c	opy of this	document.	· ·		.,	
We understand ro accordance with 20-		curring du	ring the sc	hool year require the filing	or an amer	naea TK-1 form	and approval of the	County Transpo	ortation Committee in	
I certify that this ap	oplication for re								edge and belief, and the	
bus operates on the Signature - Chair, Bo		proved by	y and wit	hin the transportation se	rvice are	a assigned b	y the County Tran	sportation Cor	nmittee.	
orginature - Oriali, De	and or musicos							Date		
				ommittee Approval as						
This Application for area assigned to it					has beer	n reviewed ar	nd I certify that this	s bus operates	within the transportation	
Signature - Chair, Co				Johnnillee.				Date		
	•							1		



This form is required in accorda receives state reimbursement e								one form for e	ach bus route that
Due Dates All Routes			To C Octo		nty Supt		To OPI October 15		\$0.95
County Name			County Number		District N	Name			Legal Entity Number
Big Horn			02				Elementary		0020
Route #	Length of F	Route	(miles per day)		Type of	Service	☐ Bus Route Mil☐ Non Bus Miles	~	Rated Capacity
1 B	180			Bus Route Mileage					22
Vehicle I.D. #						ct - If so, N	ame of Owner	District Own	ed
Reimbursement Distribution- En	entity	number and percentage			ted rate p		aid to each dis	strict. Note: Percentages	
<u></u>		must m	atch	budget! Legal En			Legal Enti		
Legal Entity Legal Ent			y		Legal Er	iuty		Legal Enti	Ly
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PASSENGER INFORMATION	_								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	≣RS		Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/k	Kindergarten		NOMBLIX				NOMBLIX		a i b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as ap									
Signature - Chair, Board of Trustees						signed by		Date	
County 1 This Application for Registration area assigned to it by the Count	of School B	us and							
Signature - Chair, County Transporta			onimittoo.					Date	



		T 00	01 1 10 5 11 1101	0 1 1 11						
This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that			
Due Date:			To C	ounty Sup	t To OPI		Rate Per Mile			
All Routes				ber 1	October 15		\$1.15			
County Name			County Number	District	Name	1	Legal Entity Number			
Big Horn Route #	Length	n of Pout	e (miles per day)		Public Schools Service Bus Route Mi	iloago	0021 1214 Rated Capacity			
		TOTTOUT	c (Illies per day)	Туре о	□ Non Bus Mile	-				
22-3-64 82					toute Mileage		59			
Venicie I.D. #		icense #	•		□ District Owned □ District Owned □ Contract - If so, Name of Owner					
5054	4	146			cted rate per mile					
Reimbursement Distribution- Er	nter the I	legal enti				aid to each dis	trict. Note: Percentages			
Legal Entity	L	Legal En		atch budget Legal E		Legal Entit	у			
0021			1214							
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% 50.00 PASSENGER INFORMATION		% 5	50.00	%		%				
			ELEMENTARY RIDE	RS	HIGH SCHOOL RI		TOTAL			
Number of Preschool/Kindergar riding this route	ten pupi	IIS	(Grades PK-8)		(Grades 9-12	<u>?)</u>	ELIGIBLE RIDERS			
					b		C			
		a NUMBER		NUMBER		a + b				
Regular (include eligible Preschool/Kindergarten riders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e.,										
miles OR nonresident and no attend agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)								
TOTAL RIDERS										
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We agree to supervision of this b required; to provide a vehicle which	ous and bu	us route b	y the State Superintendent; to	make such r	eports to the State Superintend	ent and County S	Superintendent as are			
Superintendent, and to provide a lice	ensed, qu	ualified and	d approved driver to operate s	uch vehicle a	s required by 20-10-103, MCA.	riigiiway r attore	and the state			
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the school boards of both districts sh We understand route changes or						County Transpo	ortation Committee in			
accordance with 20-10-132, MCA. I certify that this application for a										
bus operates on the route as ap	proved				•	sportation Cor	•			
Signature - Chair, Board of Trustees	5					Date				
					accordance with Section					
This Application for Registration area assigned to it by the Count				has been re	eviewed and I certify that this	s bus operates	within the transportation			
Signature - Chair, County Transport	_					Date				



This form is required in accordant receives state reimbursement ev		,			•				
Due Dates All Routes	:			ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$1.15		
County Name			County Number	District	Name		Legal Entity Number		
Big Horn			02		Public Schools		0021 1214		
Route #	Length o	of Route ((miles per day)	Type of	f Service □ Bus Route Mil □ Non Bus Milea	-	Rated Capacity		
22	24			Bus R	toute Mileage	ŭ	54		
Vehicle I.D. # License # 9551 395				 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Ent	ter the leg	gal entity		e of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity	Le	egal Entity		atch budget Legal E		Legal Entit	v		
0021		,			,				
% 100.00 %				%		%			
PASSENGER INFORMATION	-	70		70		70			
Number of Preschool/Kindergarte riding this route	en pupils	3	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Ki	indergarte	en	NONBLIC		NOMBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	·s)							
Nonpublic School Riders (ineligible)	artorr ridore	0,							
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Signature - Chair, Board of Trustees		,			J J	Date			
County To This Application for Registration area assigned to it by the County	of Schoo	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta			ommuce.			Date			



I his form is required in accordate receives state reimbursement e Due Date: All Routes			r legal enti	ty may utiliz I nty Supt			one form for e	Rate Per Mile \$1.15	
0 1 11					D:				
County Name			County Number	er	District Na	ame			Legal Entity Number
Big Horn			02		Pryor Public Schools				0021 1214
Route #	Leng	gth of Rou	te (miles per day)) Type of Service ☐ Bus Route Milea ☐ Non Bus Milea					Rated Capacity
22-2-2-264	42				Bus Ro	ute Milea	age	54	
Vehicle I.D. #	#		District C	wned		District Owr	ned		
9551 395						 If so, Na ed rate per 	me of Owner mile		
Reimbursement Distribution- Er	nter the	e legal en			f state/cour			aid to each di	strict. Note: Percentages
Legal Entity		Legal Er		must mate	th budget! Legal Ent	itv		Legal Enti	tv
0021			1214		_0gu:	,		ga:::	.,
% 50.00		%	50.00		%			%	
PASSENGER INFORMATION			ELEMENTAR	OV DIDED	e	ШC	SH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ıpils	(Grades			THE	(Grades 9-12		ELIGIBLE RIDERS
				a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten r								
. , ,									
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bus operates on the route as ap Signature - Chair, Board of Trustees	_	d by and	within the transport	ation servi	ce area ass	signed by t	he County Tran	sportation Co Date	mmittee.
This Application for Registration area assigned to it by the Coun	of Sc	hool Bus							
Signature - Chair, County Transport	,							Date	



This form is required in accorda receives state reimbursement e									ach bus route that
Due Date All Routes				Cour ober	nty Supt		To OPI October 15		\$1.36
County Name			County Number		District I	Name			Legal Entity Number
Big Horn			02			unity Elen			0022
Route #	Length	n of Route	(miles per day)		Type of		Bus Route Mil		Rated Capacity
2				□ Non Bus Mileage Bus Route Mileage					66
Vehicle I.D. #						ct - If so, Nan	ne of Owner	istrict Own	ed
4855 Reimbursement Distribution- Er		number and percented	□ no of		ted rate per		aid to cook dis	strict Note: December	
			must m		n budget!		sement to be pa		
Legal Entity Legal E 0022			у		Legal Er	ntity		Legal Entit	у
% 100.00	% 100.00 %				%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pupil	ils	ELEMENTARY RID (Grades PK-8)	ERS	}	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kindergart	rten	NOWBER				NONDER		u + b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
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TOTAL RIDERS									
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Signature - Chair, Board of Trustees		. y						Date	
County This Application for Registration area assigned to it by the County	of Scho	ool Bus an							
Signature - Chair, County Transport								Date	



This form is required in accordar receives state reimbursement ev									one form for e	ach bus route that
Due Dates All Routes					To Cou	unty Supt er 1	t	To OPI October 15		Rate Per Mile \$1.80
County Name			(County Number		District	Name			Legal Entity Number
Big Horn				02				Schools		0023 1189
Route #	Length	h of Ro	ute (m	iles per day)		Type of	Service	☐ Bus Route Mil☐ Non Bus Miles	-	Rated Capacity
9	62					Bus R	84			
Vehicle I.D. # License #				☐ District Owned☐ Contract - If so, Name of Owner☐						
3270	2442				Contra	cted rate	per mile			
Reimbursement Distribution- En	legal ei	ntity nu			of state/co ch budget		bursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity Legal 0023			Intity 1189	9		Legal E	ntity		Legal Entit	ty
% 71.60		%	28.40)		%			%	
Number of Preschool/Kindergard riding this route	ten pupi	oils		ELEMENTARY (Grades Pl		S	ŀ	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a NUMBE	.D			b NUMBER		C C
Regular (include eligible Preschool/K	Kindergar	rten		NUMBE	:K			NUMBER		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance	lers)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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bus operates on the route as ap	proved								sportation Co	
Signature - Chair, Board of Trustees									Date	
County T This Application for Registration area assigned to it by the Count	of Scho	ool Bus	and S	State Reimburse				nce with Section 2 nd I certify that this		
Signature - Chair, County Transporta	ation Cor	mmittee							Date	



This form is required in accorda receives state reimbursement e									ne form for e	ach bus route that	
Due Date:		oug		· ·	ounty S	•		OPI		Rate Per Mile	
All Routes					ber 1			ctober 15		\$1.80	
County Name				County Number	Dist	strict Na	ame			Legal Entity Number	
Big Horn				02	На	ardin I	Public Sch	ools		0023 1189	
Route #	Leng	gth of Ro	oute (miles per day)			Service 🗆 E	Bus Route Mil			
8	62				□ Non Bus Mileage Bus Route Mileage					84	
Vehicle I.D. #		License	e #		□ Dis	strict C	Owned	C	ontractor (
8102 C917							: - If so, Name ed rate per m	of Owner F	Ron Johnso	on 	
Reimbursement Distribution- Er	e legal e	entity		e of state atch bud		nty reimburse	ment to be pa	id to each dis	strict. Note: Percentages		
Legal Entity Legal				1		gal Ent	ity		Legal Enti	ty	
0023			11	89							
% 71.60		%	28.4	40	9	%			%		
PASSENGER INFORMATION											
Number of Preschool/Kindergar riding this route	ten pu	ıpils		ELEMENTARY RIDE (Grades PK-8)	ERS			SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		_		a				р		C	
Regular (include eligible Preschool/Kindergarten			NUMBER					NUMBER		a + b	
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service	е									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3									
agreement) (Include ineligible Preschool/Kinderd	arten ri	iders)									
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
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County 7 This Application for Registration				mmittee Approval as I State Reimbursement							
area assigned to it by the Count Signature - Chair, County Transport	_			ommittee.					Date		
Signature origin, country transport	J. 1011 O		•						2410		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e									
Due Dates	s:		To Co	ounty Supt	7	Го ОРІ	ŀ	Rate Per Mile	
All Routes			Octob	per 1	ı	October 15	\$	61.57	
County Name			County Number	District N	lame			Legal Entity Number	
Big Horn			02	Hardin	Hardin Public Schools			0023 1189	
Route #	Length	of Route	(miles per day)	Type of S		Bus Route Mile		Rated Capacity	
12	62			□ Non Bus Mile Bus Route Mileage				71	
Vehicle I.D. #	Lic	cense #		□ District Owned Contractor Owned					
1649	E	215			t - If so, Nam ted rate per	ne of Owner R	on Johnsor	າ —	
Reimbursement Distribution- En	iter the le	egal entity		of state/cou	nty reimburs	sement to be pa	id to each dist	rict. Note: Percentages	
Legal Entity	Le	egal Entity	у	Legal En	tity		Legal Entity	1	
0023		1	189						
% 71.60		% 28	.40	%			%		
PASSENGER INFORMATION			ELEMENTARY RIDE	DC	LIIC	H SCHOOL RID	VED C	TOTAL	
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route			KS	ПІС	(Grades 9-12)	JEKS	ELIGIBLE RIDERS	
						b NUMBER		c a + b	
Regular (include eligible Preschool/hriders)	en	NUMBER			-				
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rider	rs)							
TOTAL RIDERS									
TOTAL RIBERO									
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	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		_					Date		
County 1 This Application for Registration area assigned to it by the Count	of School	ol Bus an							
Signature - Chair, County Transporta							Date		



This form is required in accorda receives state reimbursement e									one form for e	each bus route that
Due Dates All Routes	s:	3	- 1	· ·	Cou	nty Sup		To OPI October 15		Rate Per Mile \$1.57
County Name				County Number		District	Name			Legal Entity Number
Big Horn				02				Schools		0023 1189
Route #	Leng	gth of Ro	oute (miles per day)		Type of	f Service	□ Bus Route Mi□ Non Bus Mile		Rated Capacity
7	62		.,		1		Route Mil	leage		71
Vehicle I.D. # License # C912				 □ District Owned □ Contract - If so, Name of Owner Ron Johnson □ Contracted rate per mile 						
Reimbursement Distribution- En	nter the	e legal e	entity			f state/co		oursement to be p	aid to each di	strict. Note: Percentages
Legal Entity Legal 1189			Entity 00		iall	Legal E			Legal Enti	ty
% 28.40		%	71.0	60		%			%	
PASSENGER INFORMATION				ELEMENTARY RID	ГР	3	1	HIGH SCHOOL RI	DEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ipils		(Grades PK-8)	EK	5		(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER				c a+b
Regular (include eligible Preschool/hriders)	arten									
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3								
agreement) (Include ineligible Preschool/Kinderg		iders)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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	Date									
This Application for Registration area assigned to it by the Count	of Scl ty Tran	hool Bu	s and ion C							
Signature - Chair, County Transporta	ation Co	ommittee)						Date	



This form is required in accordareceives state reimbursement e						olete one form for e	ach bus route that
Due Date:		ugii tialisi	•	County Sup			Rate Per Mile
All Routes				ober 1	October 1	15	\$0.95
County Name			County Number	District	Name		Legal Entity Number
Big Horn			02	Hardi	n Public Schools		0023 1189
Route #	Length	h of Route	e (miles per day)		f Service Bus Rou		Rated Capacity
20a	63			Bus F	□ Non Bus Route Mileage	22	
Vehicle I.D. #	L	icense #		□ Distric	t Owned	District Owr	ned
8733 314					act - If so, Name of Owr acted rate per mile	ner	
Reimbursement Distribution- Er	nter the	legal entit		ge of state/co		be paid to each dis	strict. Note: Percentages
Legal Entity Legal E				Legal E		Legal Enti	ty
0023							
% 100.00	% 100.00 %			%		%	
PASSENGER INFORMATION		T	5.5				
Number of Preschool/Kindergar riding this route	rten pup	ils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS
			а		b		C
Regular (include eligible Preschool/l	Kindergaı	rten	NUMBER		NUME	3EK	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		lers)					
TOTAL RIDERS							
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	We further bus and b meets the ensed, qu liciting or the laws, es district hall be att	er certify the us route by e minimum ualified and causing oth rules or re lines and to tached to the us route lines and to the tached to the lines and to the tached to the us route lines and to the lines and lines and lines and lines and lines and	at this bus transports pupils the State Superintendent; the State Superintendent; the standards as established by approved driver to operate the standards as obtained by approved the students from gulations governing school transports students from outless county superintendent's county superintendent superinte	eligible for solto make such roy the Board of such vehicle a other transportransportation side the districtopy of this do	hool transportation as define reports to the State Superi Public Education, the Moi as required by 20-10-103, tation areas. will be sufficient cause for ct, a copy of the agreement curnent.	ned by 20-10-101, MC ntendent and County ntana Highway Patrol MCA. withholding of state a t between Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		by allu Wi	um uie uansportation st	eivice died a	assigned by the County	Date	mmace.
	Tuo:-s:-		Pamaraitta a Amarana		annudence with C	tion 20 40 400 TT	24
This Application for Registration area assigned to it by the Coun	n of Scho ty Trans	ool Bus ar sportation					
Signature - Chair, County Transport	ation Cor	mmittee				Date	



This form is required in accorda receives state reimbursement e						lete one form for e	ach bus route that		
receives state reimbursement e	ven mougn	iranspo	•				Rate Per Mile		
Due Dates All Routes			To Co Octob	unty Supt er 1	t To OPI October 1	5	\$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Big Horn			02	Hardir	n Public Schools		0023 1189		
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Rout □ Non Bus		Rated Capacity		
5	39			Bus R	Route Mileage	Willeage	71		
Vehicle I.D. #	Licen	ise#		□ District	Contractor				
1770	E21	4			ct - If so, Name of Own cted rate per mile	er Ron Jonnso	on 		
Reimbursement Distribution- En	ter the legal	entity		of state/co		be paid to each di	strict. Note: Percentages		
Legal Entity	l Entity	1	Legal E		Legal Enti	ty			
0023			189						
% 71.60	%	28.	40	%		%			
PASSENGER INFORMATION		1	ELEMENTA DV DIDEE	20	111011001100	N DIDEBO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDER (Grades PK-8)	(5	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMB	ED.	c a + b		
Regular (include eligible Preschool/k riders)	Kindergarten		NOMBER		NOME	LIX	u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
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This Application for Registration	of School E	Bus and							
area assigned to it by the Count Signature - Chair, County Transporta			ommittee.			Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement e	ven though tra	nsportees of another	legal ent	ity may uti	lize the serv	ices.		Data Dan Mila	
Due Dates All Routes			To Cou Octobe	u nty Supt er 1		To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	r	District I	Name			Legal Entity Number	
Big Horn		02			Public So			0023 1189	
Route #	Length of Ro	oute (miles per day)		Type of		Bus Route M		Rated Capacity	
13	29			Bus R	oute Milea	□ Non Bus Mile age	age	71	
Vehicle I.D. # License #				□ District Owned Contractor Owned					
1647 E213					ct - If so, Nar cted rate per		Ron Johnso	n 	
Reimbursement Distribution- Er	nter the legal e					sement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity			nust mate	ch budget! Legal Er			Legal Entity	/	
0023		1189			,				
% 71.60	%	28.40		%			%		
PASSENGER INFORMATION		ELEMENTAR'	Y RIDER	s	HIG	H SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kindergar	ten pupils	(Grades I	PK-8)			(Grades 9-12		ELIGIBLE RIDERS	
riding this route									
						р		C	
Regular (include eligible Preschool/h	Kindergarten	NUMB	EK			NUMBER		a + b	
riders) 1st Wheelchair (WC)	-								
` ,									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kindero									
Nonpublic School Riders (ineligible)	jarten nuers)								
TOTAL RIDERS									
We hereby certify that this bus wi		,	,						
We agree to supervision of this b required; to provide a vehicle which	meets the minin	ium standards as establi	shed by th	e Board of I	Public Educati	ion, the Montana	Highway Patrol a		
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causing	others to solicit student	s from oth	er transport	ation areas.			nd county roimbureament for	
this bus route.							-	-	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.									
We understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transpo	rtation Committee in	
I certify that this application for i	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		т минит ите и анъропа	uon serv	ाट वास्त्र वे	ssigned by th	ne county traf	Date Date	minutee.	
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation								
area assigned to it by the Count	ty Transportati	on Committee.	omont no	LO DOCTITIO	TIOWCG GIIG	. cording trial till	o buo operates		
Signature - Chair, County Transports	ation Committee						Date		



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Due Dates	•	i transp	_	ounty Sup		Го ОРІ		Rate Per Mile	
All Routes			Octo			October 15		\$1.80	
County Name			County Number	District	Name			Legal Entity Number	
Big Horn			02	Hardii	n Public Sc	hools		0023 1189	
Route #	Length of	Route	(miles per day)	Type of		Bus Route Mil	-	Rated Capacity	
10	168			Bus R	□ Non Bus Mileage Bus Route Mileage 84				
Vehicle I.D. #	Lice	nse #		•	Owned	•	Contractor (Owned	
3518 C921				 □ Contract - If so, Name of Owner Ron Johnson □ Contracted rate per mile 					
Reimbursement Distribution- Er	nter the lega	al entity		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity			у	Legal E			Legal Entit	ty	
0023		1	189						
% 71.60 %		0/ 20	.40	%			%		
PASSENGER INFORMATION			.40	/0			/0		
Number of Preschool/Kindergarten pupils			ELEMENTARY RIDE (Grades PK-8)	RS	HIGI	H SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route	riding this route								
	a NUMBER				b NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten						NOWBER		a · b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderc									
Nonpublic School Riders (ineligible)	garteri nders,								
TOTAL RIDERS									
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County 1 This Application for Registration			ommittee Approval as r d State Reimbursement						
area assigned to it by the Count Signature - Chair, County Transport	ty Transpor	tation C				,		,	
Signature - Chair, County Transport	auun cummi	uee					Date		



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receives state reimbursement e	ven though tra	nsportees of another lega	al entity may	utilize the ser	,	Data Dan Mila		
Due Dates All Routes			o County Su October 1	pt	To OPI October 15		Rate Per Mile §1.36	
County Name		County Number	Distri	ct Name			Legal Entity Number	
Big Horn		02		lin Public S			0023 1189	
Route #	Length of Ro	ute (miles per day)	Туре		□ Bus Route Mi	•	Rated Capacity	
15	149		Bus	Route Mile	□ Non Bus Mile eage		65	
Vehicle I.D. #	Vehicle I.D. # License #			□ District Owned Contractor Owned				
2977			ract - If so, Na racted rate pe	ame of Owner I er mile	Ron Johnson	n 		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Not must match budget!								
Legal Entity Legal Entity				Entity		Legal Entity	/	
0023		1189		,				
2/ 74.00	0/	00.40	0/			0/		
% 71.60 PASSENGER INFORMATION	%	28.40	%			%		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RI (Grades PK-		Н	HIGH SCHOOL RIDERS (Grades 9-12) ELIGI			
		a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/hriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 3	[ransnortation	n Committee Approval a	as required i	n accordano	e with Section	20-10-132 MC	Δ	
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimburseme						
Signature - Chair, County Transport	, ,	on Johnmittoe.				Date		



This form is required in accorda	nce with Title	e 20, (Chapter 10, Part 1, MCA.	School dis	strict officia	I must complete	one form for ea	ach bus route that
receives state reimbursement e	ven though t	ransp	ortees of another legal er	itity may uti	ilize the se	rvices.	I	Rate Per Mile
Due Dates All Routes			To Co Octob	ounty Supt per 1	:	To OPI October 15	:	\$1.80
County Name			County Number	District	Name			Legal Entity Number
Big Horn			02	Hardir	n Public S	Schools		0023 1189
Route #	Length of F	Route	(miles per day)			□ Bus Route Mi		Rated Capacity
1A	123			Bus R	oute Mile	□ Non Bus Milea		84
Vehicle I.D. #	Licen	se#		□ District			Contractor C	
4451 C918					ct - If so, N cted rate p	ame of Owner Fer mile	Ron Johnso	n
Reimbursement Distribution- En	iter the legal	entity				ursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity Legal Er				tch budget Legal Ei			Legal Entity	/
			189					
% 71.60	%	28	.40	%			%	
PASSENGER INFORMATION	70	20	.40	/0			/0	
	ton nunile		ELEMENTARY RIDE (Grades PK-8)	RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergar riding this route	teri pupiis		(Glades FK-o)			(Graues 9-12)	ELIGIBLE RIDERS
			a			b		C
Regular (include eligible Preschool/Friders)	Kindergarten		NUMBER			NUMBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	arton nacio,							
TOTAL RIDERS								
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This Application for Registration area assigned to it by the Count	of School B	us an	d State Reimbursement h					
Signature - Chair, County Transporta	ation Committe	ee					Date	



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receives state reimbursement e	ven though t	ransp	ortees of another legal er	itity may ut	ilize the se	ervices.		Rate Per Mile
Due Date s All Routes			To Co Octob	ounty Supt per 1	:	To OPI October 15	;	\$1.57
County Name			County Number	District	Name			Legal Entity Number
Big Horn			02	Hardir	n Public S	Schools		0023 1189
Route #	Length of I	Route	(miles per day)			□ Bus Route Mi		Rated Capacity
6	124			Bus R	oute Mile	□ Non Bus Milea eage	age	71
Vehicle I.D. #	Licen	se#		□ District			Contractor C	Owned
1078 C913					ct - If so, N cted rate p	lame of Owner Fer mile	Ron Johnso	n
Reimbursement Distribution- Er	ter the legal	entity		of state/co	unty reimb		aid to each dis	trict. Note: Percentages
Legal Entity	Lega	I Entit		tch budget Legal E			Legal Entity	y
			189					
0/ -1.00	0/						0/	
% 71.60 PASSENGER INFORMATION	%	28	.40	%			%	
			ELEMENTARY RIDE	RS	Н	IGH SCHOOL RI		TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/h	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
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TOTAL RIDERS								
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved by a							
Signature - Chair, Board of Trustees	·						Date	
This Application for Registration area assigned to it by the Count	of School B	us an						
Signature - Chair, County Transport							Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Hardin Public Schools Big Horn 0023 1189 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 1B 108 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 7345 336 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0023 1189 % % % 71.60 % 28.40 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates		ugii iic	anopo	-		unty Supt		To OPI		Rate Per Mile	
All Routes					tobe			October 15		\$1.80	
County Name				County Number		District	Name			Legal Entity Number	
Big Horn				02		Hardir	n Public	Schools		0023 1189	
Route #	Lengtl	h of Ro	oute (miles per day)			Service	☐ Bus Route Mi			
4	216					□ Non Bus Mileage Bus Route Mileage 89					
Vehicle I.D. #	L	License	e #			District	Owned	(Contractor (
3857 B78					ct - If so, cted rate	Name of Owner I per mile	Ron Johnso	on 			
Reimbursement Distribution- Er	nter the	legal e	entity			of state/co		bursement to be p	aid to each di	strict. Note: Percentages	
Legal Entity Legal Entit			•		mate	Legal E			Legal Enti	ty	
0023		11	89								
% 71.60 %		28.4	40		%			%			
PASSENGER INFORMATION											
Number of Preschool/Kindergar	ten pup	oils		ELEMENTARY RII (Grades PK-8		S		HIGH SCHOOL RIDERS TOTAL (Grades 9-12) ELIGIBLE RIDE			
riding this route				,	,			`	,		
a					b			c .			
Regular (include eligible Preschool/Kindergarten							NUMBER		a + b		
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)		+									
Additional Wheelchairs (WC)		+									
Non-WC IEP Lists Trans as Related	Service										
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e.,											
miles OR nonresident and no attend agreement)											
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten rid	ders)									
TOTAL RIDERS											
We hereby certify that this bus windown County Transportation Committee.	We furthe	er certif	y that	this bus transports pupil	s elig	ible for sch	ool transp	ortation as defined by	/ 20-10-101, MC	CA.	
We agree to supervision of this b required; to provide a vehicle which			,				•		,	•	
Superintendent; and to provide a lice We also agree to refrain from sol											
We understand that violations of this bus route.	the laws,	, rules c	or regu	llations governing schoo	l tran	sportation	will be suff	icient cause for withh	olding of state a	and county reimbursement for	
We agree that if this route crosse the school boards of both districts sh								f the agreement betw	een Boards, 20-	-10-126(2) MCA, signed by	
We understand route changes of accordance with 20-10-132, MCA.	ccurring o	during th	he sch	ool year require the filing	g of a	n amende	d TR-1 forr	n and approval of the	County Transp	ortation Committee in	
I certify that this application for rubus operates on the route as ap											
Signature - Chair, Board of Trustees		by and	a vvilii	in the transportations	ا ۷ ان	oc area d	ooigiicu l	y the county fial	Date	minuco.	
County 1 This Application for Registration				mmittee Approval as State Reimbursemei							
area assigned to it by the Count	ty Trans	sportati	ion C						<u> </u>		
Signature - Chair, County Transport	auon Cor	mmitee	;						Date		

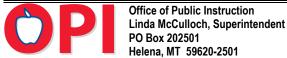


1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Hardin Public Schools Big Horn 0023 1189 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 16 226 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 0169 357 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0023 1189 % % % 71.60 % 28.40 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accordareceives state reimbursement e						mplete one form for			
Due Date All Routes				County Suր tober 1	ot To OPI Octobe		Rate Per Mile \$1.36		
County Name			County Number	Distric	t Name		Legal Entity Number		
Big Horn			02	Hard	in Public Schools		0023 1189		
Route #	Leng	th of Route	e (miles per day)	Туре		oute Mileage us Mileage	Rated Capacity		
19	87			Bus I	□ Non B Route Mileage	us ivilleage	60		
Vehicle I.D. #		License #		□ Distric		District Ow	ned		
7844 325					act - If so, Name of O acted rate per mile	wner			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be pa must match budget!							listrict. Note: Percentages		
Legal Entity 0023		Legal Ent		Legal I		Legal En	tity		
0023	0020					_			
% 100.00	% 100.00 %			%		%			
PASSENGER INFORMATION				EDO	111011 0011	OOL DIDEDO	TOTAL		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RID (Grades PK-8)			OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS		
		a NUMBER		NILI	b MBER	c a+b			
Regular (include eligible Preschool/Kindergarten riders)					140	WIDER	a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	l Service	•							
TOTAL ELIGIBLE RIDERS									
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Signature - Chair, Board of Trustees					·	Date			
County This Application for Registration area assigned to it by the Coun	n of Sch	nool Bus a							
Signature - Chair, County Transport	-	•				Date			



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Due Dates All Routes				ounty Sup ber 1	t	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	District	Name			Legal Entity Number
Big Horn			02			Public Schls		0025 1190
Route #	Length of I	Route	(miles per day)	Type o	f Service	☐ Bus Route Mi		Rated Capacity
6	95			Bus F	Route Mile	□ Non Bus Mile eage	age	84
Vehicle I.D. #	Vehicle I.D. # License #			□ District Owned Contractor Owned				
3012 C248					ict - If so, N icted rate p	lame of Owner over mile	Judy Mullen	berg
Reimbursement Distribution- En	iter the legal	entity		of state/co		oursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity Legal Entity			У	Legal E			Legal Entity	у
0025 1190		190						
% 70.00	%	30	.00	%	%			
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1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
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Nonpublic School Riders (ineligible)	,,							
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County 3	ransportati	ion Co	ommittee Approval as r	equired in	accordan	ce with Section	20-10-132 MC	A .
This Application for Registration area assigned to it by the Count	of School B	Bus and	d State Reimbursement					
Signature - Chair, County Transporta	, .						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name Legal Entity Number County Number District Name Big Horn Lodge Grass Public Schls 0025 1190 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 20 98 Bus Route Mileage Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner 6293 C332 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0025 1190 30.00 % % % 70.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Big Horn			02		e Grass Public Schls		0025 1190		
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0531 C331					cted rate per mile				
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This Application for Registration area assigned to it by the Count	of School B y Transport	Bus and S ation Co	State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Committe	ee				Date			



Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

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Signature - Chair, County Transportation Committee



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Signature - Chair, County Transporta							Date			



This form is required in accordance with Title 20, Chapter 10, Part 1, McA. School district official must complete one form for each bus route that receives state retrollustement even flowly through transported or protectives. Rate Per Mile Routes Due Dates: All Routes County Name County Number District Name Legal Entity Number	This form is require	d in accordance w	ith Title (20 Chanter 10 Dart	1 MCA	Cabaal die	strict official mus	t complete o	no form for o	ach hua route that	
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		Registration of So	chool Bus	and State Reimburs							
		<u> </u>	_						Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name Legal Entity Number County Number District Name Lodge Grass Public Schls Big Horn 0025 1190 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 54 48 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Schender Lines Inc. 1536 C329 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0025 1190 70.00 % 30.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Big Horn Wyola Elementary 0026 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 22 1A 57.4 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4859 362 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0026 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Name		County Numbe	r	District	Name		Legal Entity Number		
Big Horn		02		Wyola	Elementary		0026		
Route #	Length of R	doute (miles per day)		Type of	Service □ Bus Route □ Non Bus M	-	Rated Capacity		
2A	60.4			Bus R	coute Mileage	lleage	22		
Vehicle I.D. #	Licens	se #		□ District		District Own	ned		
4859 362					ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be must match budget!							strict. Note: Percentages		
Legal Entity 0026	Legal	Entity		Legal E		Legal Enti	ty		
% 100.00	% 100.00 %			%		%			
PASSENGER INFORMATION ELEMENTA			V DIDEE	20	HIGH SCHOOL	DIDEDO	TOTAL		
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TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees						Date			
This Application for Registration area assigned to it by the Count	of School Buty Transporta	us and State Reimburs tion Committee.			accordance with Sectio eviewed and I certify that t	his bus operates			
Signature - Chair, County Transporta	ation Committe	e		_		Date			



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates: All Routes			To C	To County Supt October 1		To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number		District Name			Legal Entity Number	
Big Horn		02			Wyola Elementary			0026	
Route # Length of F		f Route (miles per day)		T	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			Rated Capacity	
3A 18.4 Vehicle I.D. # Licens		# T		T '	Bus Route Mileage		22		
4859 362									
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!									
Legal Entity 0026	Lega	Legal Entity		Legal Entity			Legal Entity		
% 100.00	%	%		%		%			
PASSENGER INFORMATION		T	ELEMENTA DV DIDI	-00		LIIOLI OOLIOOL BII	DED0	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	=KS		HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)								a · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)									
(Include ineligible Preschool/Kindergarten riders Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, an bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees						Date			
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transportation Committee							Date		